

MICHIGAN NATIONAL GUARD

Pre-Deployment/Family Readiness Checklist

PRIVACY ACT STATEMENT

The Commander and other authorized military and Family Program volunteer staff in support of the Guard Family Program and Guard family members will only use the information on this form. This information is protected by the Privacy Act and will not be released without the service member's consent.

SECTION I - UNIT INFORMATION/RECERTIFICATION

UNIT: _____ DATE (Initial form completion): _____

RECERTIFICATION (Information must be re-certified with initials and date before each deployment):

SECTION II - GUARD MEMBER INFORMATION

Last Name	First Name	Middle Name	Rank	Social Security Number
				()
Address (Street, City, State, ZIP)				Home Phone

SECTION III - FAMILY INFORMATION

I identify the following individuals as MY KEY ADULT FAMILY MEMBERS:

- | Last Name | First Name | Middle Name | Relationship (father, mother, spouse, etc.) |
|--|------------|-------------|---|
| | | | () |
| Address (Street, City, State, ZIP) *If PO Box, be sure to list Street Address also | | | Home Phone |
| | | | () |
| Employer (Name and Address) | | | Work Phone |
- | Last Name | First Name | Middle Name | Relationship (father, mother, spouse, etc.) |
|--|------------|-------------|---|
| | | | () |
| Address (Street, City, State, ZIP) *If PO Box, be sure to list Street Address also | | | Home Phone |
| | | | () |
| Employer (Name and Address) | | | Work Phone |

SECTION IV - EMERGENCY NOTIFICATION

In the event of an emergency, please notify the following individual: _____
(include name, address, & phone number) _____

Doctor (name & phone number): _____

Church (name & phone number): _____

Anyone else? _____

SECTION V - DEPENDENT INFORMATION

List all individuals who rely upon you for dependent care (spouse, children, parents, grandparents, etc.)

1. Those who live with you (include last name, first name, middle name, and date of birth):

2. Those who do NOT live with you:

Name (Last, First, Middle): _____ Home Phone (_____) _____

Relationship to you: _____ Caregiver: _____

Address: _____

Name (Last, First, Middle): _____ Home Phone (_____) _____

Relationship to you: _____ Caregiver: _____

Address: _____

SECTION VI - FAMILY READINESS INFORMATION (Only if you have DEPENDANTS)

Have all of your family members been issued ID cards? Yes No
Have you been issued a *Mobilization Readiness Guide*? Yes No
Do your family members know what to do if they need Family Assistance? Yes No
Do any family members have special needs that may require special attention or assistance during your Absence disability, impairment, special medical/health needs, etc.)? If so, please identify name, Relationship to you, and special need/care. Yes No
Does your spouse drive? Yes No
Native language of spouse or next of kin: _____

SECTION VII - FAMILY CARE INFORMATION

Are you a single/separated, divorced, widowed, or dual service parent? (if yes, circle which) Yes No
Are you required to pay child support? (if yes, how will payments be made during your absence) Yes No
Have you completed a Family Care Plan? (if yes, indicate date completed) _____ Yes No
Name of designated long-term guardian for dependent(s) _____
Relationship of long-term guardian to you _____
Address of long-term guardian _____

SECTION VIII - LEGAL INFORMATION

Do you have a will? If yes, when did you last review it? _____ Yes No
Have you given anyone your Power of Attorney? If yes, who? _____ Date: _____ Yes No
Does your spouse or key family member know where your important documents are kept? Yes No

SECTION IX - FINANCIAL INFORMATION

Do you rent, lease or own your residence? (check one) Rent _____ Lease _____ Own _____
Will your family remain at this residence? Yes No Are your bank accounts "joint accounts"? Yes No
Will your military pay be substantially less than your current civilian and Guard pay combined? Yes No Do you have a budget plan for you and your family during your absence? Yes No
Are you currently facing financial distress that would likely affect you or your family during your absence? Yes No Has your family been included in a discussion of budgeting/bill paying? Yes No
Does anyone else have signature authority on your accounts? Who? _____ Do you have any special allotments? (i.e. alimony, child support, etc.) Yes No
If so, which? _____

SECTION X - CIVILIAN EMPLOYEE

Name of Company _____
Supervisor's Name _____
Address _____
City, State, ZIP _____
Supervisor's Phone Number (_____) _____